

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-1803
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

FUNERAL DIRECTORS EXAMINING BOARD APPLICATION FOR REGISTRATION OF AGENT FOR SALE OF BURIAL AGREEMENT FUNDED BY LIFE INSURANCE POLICY

This application must be completed by a licensed funeral director or an operator of a funeral establishment, in order for the agent identified below to be registered to sell or solicit the sale of burial agreements funded with the proceeds of a life insurance policy. If the agent is already registered and wishes to sell or solicit on behalf of a different or an additional funeral director or operator of a funeral establishment, complete Form #2345.

FEE: \$53.00

SECTION A (Complete 1-6): THIS SECTION IDENTIFIES THE AGENT WHO WILL BE UNDER CONTRACT WITH THE FUNERAL DIRECTOR OR OPERATOR LISTED IN SECTION B.

1. AGENT'S NAME:

Last First Initial

2. MAILING ADDRESS:

(Note: If mailing address is a P.O. Box, the Zip Code # must be that of the P.O. Box, not the street address.)

Number Street Apartment #

P.O. Box (if applicable)

City State Zip Code

3. DATE OF BIRTH:

month day year

4. DAYTIME TELEPHONE NUMBER:

(Include area code) (_____) _____

5. AGENT'S LIFE INSURANCE INTERMEDIARY LICENSE #: _____ **EXPIRATION DATE:** _____

IS AGENT ALSO A LICENSED FUNERAL DIRECTOR? ☐ YES ☐ NO **FUNERAL DIRECTOR LICENSE #:** _____

6. INSURER OR INSURERS WITH WHOM THE AGENT IS LISTED TO REPRESENT:

CHECK ALL 3 BOXES BELOW.

- ☐ Evidence of successful completion at 20-hour training program is enclosed **or** agent is a licensed funeral director.
- ☐ A copy of each contract between the agent and the funeral director **or** operator listed in Section B is enclosed.
- ☐ \$53.00 fee payable to the Department of Regulation and Licensing.

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Has the agent ever been convicted of a misdemeanor, a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the agent ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against the agent, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against the agent in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of the action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against the agent as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the agent currently hold, or has the agent in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Funeral Directors Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Agent

Date

Wisconsin Department of Regulation & Licensing

SECTION B: THIS SECTION IDENTIFIES THE OPERATOR OF ONE OR MORE FUNERAL ESTABLISHMENTS WHO HAS CONTRACTED WITH THE AGENT IN SECTION A. A CONTRACT FOR EACH ESTABLISHMENT MUST BE INCLUDED WITH THIS APPLICATION. THE CONTRACT MUST BE IN ACCORDANCE WITH S. FD 6.08, WIS. ADM. CODE.

The operator of the funeral establishments listed in the middle of this page is one of the following:

CHECK ONE: ☐ Licensed Funeral Director ☐ A Partnership
☐ A Corporation ☐ Other: _____

ENTER THE NAME AND BUSINESS ADDRESS OF THE FUNERAL OPERATOR:

Name

Number

Street

Apartment #

P.O. Box (if applicable)

City

State

Zip Code

ENTER THE NAME, ADDRESS AND LICENSE NUMBER OF EACH FUNERAL ESTABLISHMENT INCLUDED IN THE CONTRACT OR CONTRACTS SUBMITTED WITH THIS APPLICATION.

(CONTINUE ON BACKSIDE OR ON AN ATTACHED PAGE, IF NEEDED.)

Name

Permit #

Number

Street

Apartment #

P.O. Box (if applicable)

City

State

Zip Code

ENTER OFFICE TELEPHONE NUMBER OF FUNERAL OPERATOR : (_____) _____

This statement must be signed by the funeral director or operator.

This is to certify that the funeral director or operator listed at the top of this page has contracted with the agent listed in Section A for the sale of burial agreements funded by life insurance proceeds.

Signature of funeral director or authorized representative of operator

Title of person signing at the left

Print or type name of person signing above

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996